Summer Camp 2019

Name of Child: _____ Birth Date _____

  (Last)   (First)   (Nickname)

Address: _____ Zip Code _____

School Attending: _____ Current Grade _____ Track _____

Information about the Family

Parent 1 _____ Home Phone _____
Address: _____ Zip Code _____
Place of Employment: _____ Business Phone
_____
Email Address: _____ Cell Phone _____

Parent 2 _____ Home Phone _____
Address: _____ Zip Code _____
Place of Employment: _____ Business Phone
_____
Email Address: _____ Cell Phone _____

Information about your child

Does your child have any known allergies, physical or mental disabilities? Yes _____ NO _____
If yes please explain:

Please give any information concerning your child, which will be helpful in his/her experience in a group setting (such as eating habits, special fears, special likes and dislikes)

Authorized for Pick Up: Mother? Yes _____ NO_____   Father? Yes _____ NO_____

AUTHORIZATION FOR STUDENT PICK UP

The names of at least one or two individuals who normally pick up your child must be on file in the office. If anyone else will be picking up your child, it is imperative that you notify Camp Jellybeans on or before the date of pick up. This facility will not release a child to anyone who is not authorized to do so. When picking up your child, please be prepared to show your identification. This if for the safety of your child.

Name	**Relationship and Phone Number**
1. _____	_____

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2. _____   _____

3. _____   _____

4. _____   _____

Special Instructions:

We extend our thanks for your cooperation and understanding with Camp Jellybeans Policies.

I, as the parent or guardian, have read the agreement entitled "POLICY AGREEMENT" and I accept the conditions stated herein. I hereby assume all risks and hazards associated with my child participating in the Camp Jellybeans program and transportation to and from scheduled activities. I release, absolve, and indemnify Camp Jellybeans and Jellybeans owners, managers, and staff from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them.

Signature of Parent _____ **Date** _____

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TRAVEL AND ACTIVITY AUTHORIZATION

Blanket permission for all activities

I, _____ Parent/guardian of _____

          <mark>(Name of parent/guardian)</mark>   <mark>(Name of child)</mark>

Give permission for my child to participate in the activities scheduled by Camp Jellybeans and Jellybeans while my child is enrolled at Camp Jellybeans. This includes G and PG rated movies at Jellybeans or on a field trip to the movie theater.

The Camp Jellybeans activity bus will provide transportation for field trips not within walking distance of Jellybeans. I understand that the facility will abide by all safety rules when my child is transported in a vehicle. The facility will notify me when my child is to participate in an activity that would involve alternate transportation. In addition, I will allow my child to play outside the building in a planned, counselor directed Camp Jellybeans activity. This pertains to the parking lot and grounds of the Jellybeans facility only.

_____ Date _____

          <mark>(Signature of parent/guardian)</mark>

I understand that it is my responsibility to go onto our website www.skate2jellybeans.com to review and agree to the "Camp Jellybeans Policy agreement". <mark>Initial</mark> _____

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CHILD'S MEDICAL INFORMATION

Name of Child: _____ Birth Date _____

EMERGENCY CARE INFORMATION

NAME OF CHILD'S DOCTOR _____Phone _____

Hospital Preference _____

If neither parent nor guardian can be contacted, who should we call?

Name _____ Phone Number/s_____

Relationship _____

MEDICAL HISTORY

1. Is he/she allergic to anything? Yes _____ NO _____ If yes, what? _____
2. Is he/she currently under a doctor's care? Yes _____ NO _____ If yes, for what reason?
    _____
3. Any history of significant previous diseases or recurrent illness? Yes _____ NO _____
    If so what? _____
    Diabetes? _____   Convulsions? _____   Heart trouble? _____
4. Is he/she taking and medication? (i.e. Penicillin, ADHD meds, Inhalers, etc.) Yes _____ No __
    If yes, please list medications: _____
    What medical condition is the medication treating? _____

I hereby assume all the risks and hazards associated with my child's participation in Camp Jellybeans. I release, absolve, and indemnify Camp Jellybeans owners, management, staff, and instructors from all risks associated with activities. In the event of injury, do expressly waive all claims against them. I agree that the administrator may authorize the physician of his/her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. I agree that the administration may authorize the medical facility to provide emergency care, and in addition I give approval for the administration to provide transportation to that facility in the event of an emergency.

_____ Date _____
(Signature of parent/guardian)